Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R-C B. WING HAL067023 01/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE ONSLOW HOUSE JACKSONVILLE, NC 28546 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X6) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) GROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments (C 000) Report of a Follow-Up Complaint Construction Responses to the cited deficiencies do not Survey by Ed Miller and Billy Bryant on January constitute an admission or agreement by the facility 14, 2016. of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of The following deficiencies have not been Correction is prepared soley as a matter of satisfactorily corrected and will require a new compliance with state law. Plan of Correction. (C 166) Housekeeping-Maintained Free of Hazards {C 166} 10A NCAC 13F ,306 Housekeeping and Furnishings SECTION .0300 - PHYSICAL PLANT (a) Adult Care Homes shall: 10A NCAC 13F .0306 HOUSEKEEPING AND be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards FURNISHINGS (a) Adult care homes shall; (5) be maintained in an uncluttered, clean and Facility will assure that rooms are maintained in a clean orderly manner, free of all obstructions and manner and free of hazards, All rooms have been checked and remedied of any mold, with the hazards: inclusion of room 17. (e) This Rule shall apply to new and existing This Rule is not met as evidenced by: 1. Based on observation the facility has not been maintained in a clean manner and free of hazards as evidenced by the growth of mold in resident rooms that were vacant or planned for renovation 10A NCAC 13F .0311 Other Requirements at the time of the survey. PTACS for rooms 16, 27, 32, and 29 have been ordered and are scheduled for delivery on February 15, 2016. Findings on 01/14/2016: Mold was present in but not limited to the specific locations listed below: a. Closet door frames and ceilings in Rooms 17. {C 189} Building Equipment Maintained Safe, Operating {C 189} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRÉSENTATIVE'S \$19NATURE!

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STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED R-C 01/14/2016		]
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(C 189)	Continued From page 1		{C 189}				
	care home shall be maintained in a safe and operating condition.  (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.						
	maintained mechan condition. In the roo units were inoperab rooms the PTACS v on. Failure to provid failure to operate HY	ations the facility has not loa! equipment in operating ms with mold growth PTAC le or in some cases in vacant vere operable but not turned le operating HVAC units or VAC units to provide					
	resident rooms. Findings on 01/14/2	omoting moid growth in  016: In the rooms specifically to those noted below PTAC le or turned off. 2, and 29.					